



# Iowa Department of Human Services

Kim Reynolds  
Governor

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Lt. Governor

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Director

## INFORMATIONAL LETTER NO.1907-MC-FFS

**DATE:** May 17, 2018

**TO:** Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies, Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities, Nursing Facilities-Mental ILL, Federally Qualified Health Centers (FQHC), Indian Health Service, Maternal Health Centers, Certified Nurse Midwife, Community Mental Health, Family Planning, Residential Care Facilities, ICF/ID State and Community Based ICF/ID Providers

**APPLIES TO:** Managed Care, Fee-for-Service

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Iowa Medicaid Pharmacy Program Changes High Dose Opioids

**EFFECTIVE:** July 1, 2018

Effective July 1, 2018, prior authorization (PA) will be required for use of high-dose opioids  $\geq$  200 morphine milligram equivalents (MME) per day. Patients undergoing active cancer treatment or end-of-life care will not be subject to PA criteria. The MME edit will gradually be decreased over time to 90 MME per day.

PA requests should be submitted on the [High Dose Opioids PA form](#)<sup>1</sup>. PA criteria for requests for opioids  $\geq$  200 MME is as follows:

PA is required for use of high-dose opioids  $\geq$  200 morphine milligram equivalents (MME) per day. See [CDC Guideline for Prescribing Opioids for Chronic Pain](#)<sup>2</sup>. Patients undergoing active cancer treatment or end-of-life care will not be subject to the criteria below. Payment will be considered when the following is met:

1. Requests for non-preferred opioids meet criteria for coverage (see criteria for Long-Acting Opioids and/or Short-Acting Opioids); and
2. Patient has a diagnosis of severe, chronic pain with a supporting ICD-10 code. Requests for a diagnosis of fibromyalgia or migraine will not be considered; and
3. Patient has tried and failed at least two nonpharmacologic therapies (physical therapy; weight loss; alternative therapies such as manipulation, massage, and acupuncture; or psychological therapies such as cognitive behavior therapy [CBT]); and

<sup>1</sup> [http://www.iowamedicaidpd.com/pa\\_forms](http://www.iowamedicaidpd.com/pa_forms)

<sup>2</sup> <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

4. Patient has tried and failed at least two nonopioid pharmacologic therapies (acetaminophen, NSAIDs, or selected antidepressants and anticonvulsants; and
5. There is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid medications; and
6. Pain was inadequately controlled at the maximum allowed dose without PA for the requested opioid(s); and
7. Pain was inadequately controlled by two other chemically distinct preferred long-acting opioids at the maximum allowed dose without PA; and
8. Chart notes from a recent office visit for pain management is included documenting the following:
  - a. Treatment plan – including all therapies to be used concurrently (pharmacologic and non-pharmacologic); and
  - b. Treatment goals; and
9. Patient has been informed of the risks of high-dose opioid therapy; and
10. The prescriber has reviewed the patient's use of controlled substances on the [Iowa Prescription Monitoring Program website](https://iowa.pmpaware.net/login)<sup>3</sup> and determined that use of high-dose opioid therapy is appropriate for this patient; and
11. The patient's risk for opioid addiction, abuse and misuse has been reviewed and prescriber has determined the patient is a candidate for high-dose opioid therapy; and
12. A signed chronic opioid therapy management plan between the prescriber and patient dated within 12 months of this request is included; and
13. The requested dosing interval is no more frequent than the maximum FDA-approved dosing interval; and
14. Patient has been provided a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose; and
15. Patient has been educated on opioid overdose prevention; and
16. Patient's household members have been educated on the signs of opioid overdose and how to administer naloxone; and
17. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with initial and subsequent requests; and
18. A documented dose reduction is attempted at least annually.

If criteria for coverage are met, initial requests will be given for three months. Requests for continuation of high-dose opioid therapy will be considered every six months with the following:

1. High-dose opioid therapy continues to meet treatment goals, including sustained improvement in pain and function; and
2. Patient has not experienced an overdose or other serious adverse event; and

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<sup>3</sup> <https://iowa.pmpaware.net/login>

3. Patient is not exhibiting warning signs of opioid use disorder; and
4. The benefits of opioids continue to outweigh the risks; and
5. A documented dose reduction has been attempted at least annually, and the prescriber has determined the dose cannot be reduced at this time; and
6. The prescriber has reviewed the patient's use of controlled substances on the [Iowa Prescription Monitoring Program website](#)<sup>4</sup> and determined that continued use of high-dose opioid therapy is appropriate for this patient; and
7. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with subsequent requests.
8. Patient has been provided a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose; and
9. Patient has been reeducated on opioid overdose prevention; and
10. Patient's household members have been reeducated on the signs of opioid overdose and how to administer naloxone.

We encourage providers to go to the [PDL website](#)<sup>5</sup> to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or e-mail [info@iowamedicaidpdl.com](mailto:info@iowamedicaidpdl.com).

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<sup>4</sup> <https://iowa.pmpaware.net/login>

<sup>5</sup> <http://www.iowamedicaidpdl.com/>